Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004926	A. BUILDING: _____ B. WING _____	02/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEDISYS HOME HEALTH OF BLOOMINGTON	1332 W ARCH HAVEN AVE STE E BLOOMINGTON, IN 47403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This visit was for a home health agency relicensure survey. Survey dates: 02/26-28/13 Facility # 004926 Medicaid Vendor #: 200836910 Surveyor: Marty Coons, RN, PH Nurse Surveyor Amedisys Home Health of Bloomington is in compliance with the Indiana State Rules for home health agency licensure 410 IAC Article 17. Census-125 Quality Review: Joyce Elder, MSN, BSN, RN March 5, 2013	N 000		